

Community Services Department
Planning and Building
AMENDMENT OF CONDITIONS
APPLICATION



Community Services Department
Planning and Building
1001 E. Ninth St., Bldg. A
Reno, NV 89512-2845

Telephone: 775.328.6100

Property Owner Affidavit

Applicant Name: BURKHART MANAGEMENT GROUP, LLC

The receipt of this application at the time of submittal does not guarantee the application complies with all requirements of the Washoe County Development Code, the Washoe County Master Plan or the applicable area plan, the applicable regulatory zoning, or that the application is deemed complete and will be processed.

STATE OF NEVADA)
COUNTY OF WASHOE)

I, THOMAS A. BURKHART

(please print name)

being duly sworn, depose and say that I am the owner* of the property or properties involved in this application as listed below and that the foregoing statements and answers herein contained and the information herewith submitted are in all respects complete, true, and correct to the best of my knowledge and belief. I understand that no assurance or guarantee can be given by members of Planning and Building.

(A separate Affidavit must be provided by each property owner named in the title report.)

Assessor Parcel Number(s): 047-161-13

Printed Name

THOMAS A. BURKHART

Signed

[Signature]

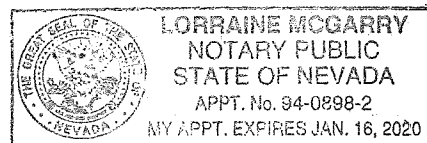
Address

6593 CHAMPETRE CT, RENO, NV
895

Subscribed and sworn to before me this
15 day of March, 2019.

[Signature]
Notary Public in and for said county and state
My commission expires: 1-16-2020

(Notary Stamp)



*Owner refers to the following: (Please mark appropriate box.)

- ☒ Owner
- ☐ Corporate Officer/Partner (Provide copy of record document indicating authority to sign.)
- ☐ Power of Attorney (Provide copy of Power of Attorney.)
- ☐ Owner Agent (Provide notarized letter from property owner giving legal authority to agent.)
- ☐ Property Agent (Provide copy of record document indicating authority to sign.)
- ☐ Letter from Government Agency with Stewardship

Washoe County Development Application

Your entire application is a public record. If you have a concern about releasing personal information, please contact Planning and Building staff at 775.328.6100.

Project Information		Staff Assigned Case No.: _____	
Project Name: <u>BURKHART MANAGEMENT GROUP, LLC</u>			
DBA: <u>THE LODGE COFFEE + WINE</u>			
Project Description: <u>CABARET LICENSE FOR THE LODGE COFFEE + WINE</u>			
Project Address: <u>17025 MOUNT ROSE HIGHWAY, RENO, NEVADA 89511</u>			
Project Area (acres or square feet): <u>.99 ACRES</u>			
Project Location (with point of reference to major cross streets AND area locator): <u>CLOSEST CROSS STREET IS AREQUIPA LN</u>			
Assessor's Parcel No.(s):	Parcel Acreage:	Assessor's Parcel No.(s):	Parcel Acreage:
<u>047-161-13</u>	<u>.99</u>		
Indicate any previous Washoe County approvals associated with this application: Case No.(s): <u>WADMIN 18-0009</u>			
Applicant Information (attach additional sheets if necessary)			
Property Owner:		Professional Consultant:	
Name: <u>BURKHART MANAGEMENT GRP</u>		Name:	
Address: <u>6593 CHAMPELLE CT</u>		Address:	
<u>RENO, NEVADA</u> Zip: <u>89511</u>		Zip:	
Phone: <u>715 810 7202</u> Fax:		Phone: Fax:	
Email: <u>TBURKHART1938@GMAIL.COM</u>		Email:	
Cell: <u>AS ABOVE</u> Other:		Cell: Other:	
Contact Person:		Contact Person:	
Applicant/Developer:		Other Persons to be Contacted:	
Name: <u>AS ABOVE</u>		Name:	
Address:		Address:	
Zip:		Zip:	
Phone: Fax:		Phone: Fax:	
Email:		Email:	
Cell: Other:		Cell: Other:	
Contact Person:		Contact Person:	
For Office Use Only			
Date Received: Initial:		Planning Area:	
County Commission District:		Master Plan Designation(s):	
CAB(s):		Regulatory Zoning(s):	

Amendment of Conditions Application Supplemental Information

(All required information may be separately attached)

Required Information

1. The following information is required for an Amendment of Conditions:

- Provide a written explanation of the proposed amendment, why you are asking for the amendment, and how the amendment will modify the approval.
- Identify the specific Condition or Conditions that you are requesting to amend.
- Provide the requested amendment language to each Condition or Conditions, and provide both the **existing** and **proposed condition(s)**.

I APPLIED FOR AND PAID THE FEE FOR A CABARET LICENSE OVER A YEAR AGO BUT WAS NOT APPROVED WHEN THE CERTIFICATE OF OCCUPANCY WAS ISSUED. THUS, I WAS TOLD TO AMEND MY ORIGINAL APPLICATION

2. Describe any potential impacts to public health, safety, or welfare that could result from granting the amendment. Describe how the amendment affects the required findings as approved.

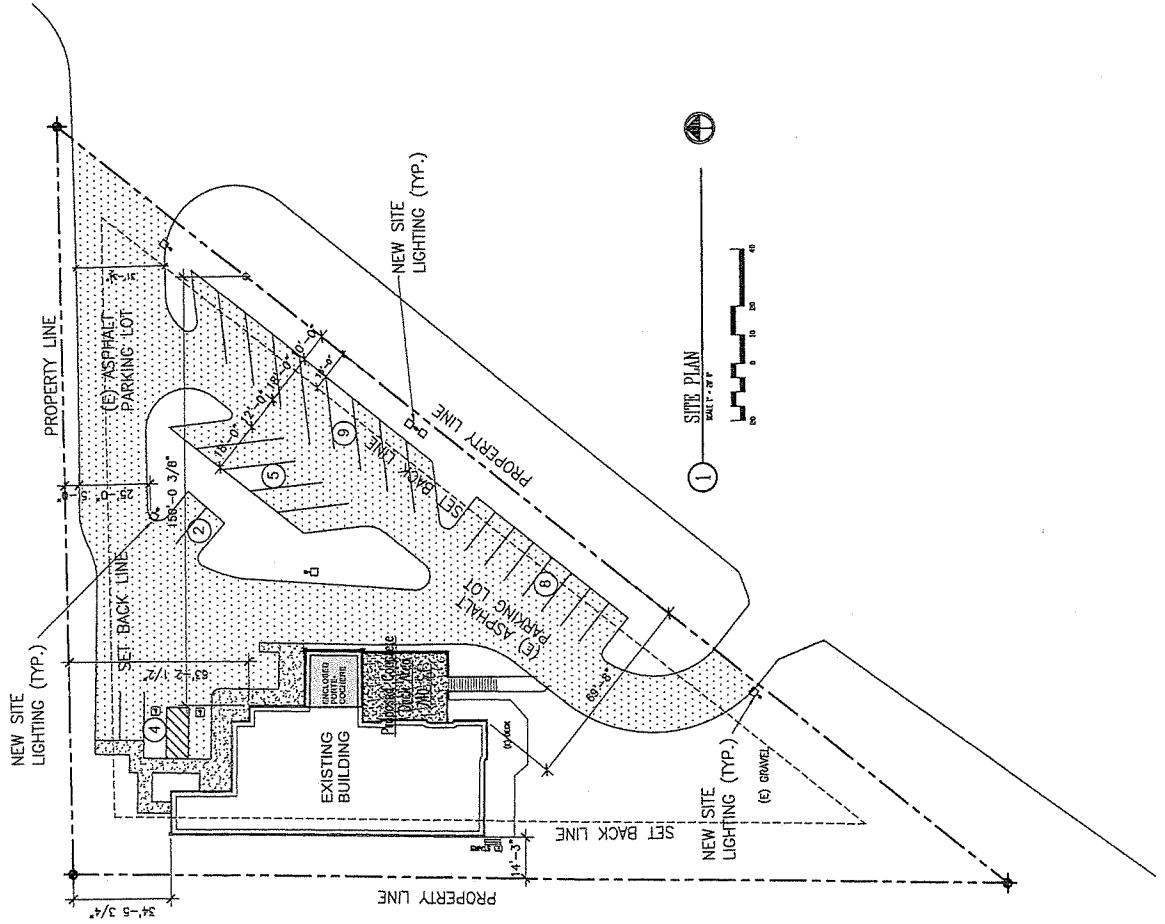
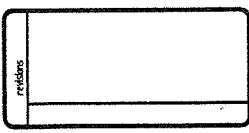
THE LODGE COFFEE + WINE WOULD LIKE OCCASIONAL MUSIC FOR BOTH INSIDE AND OUTSIDE ON THE DECK DURING THE SUMMER MONTHS. ANY AMPLIFICATION WOULD BE MODEST WITH SPEAKERS TURNED TOWARD THE BUILDING. WE ENVISION A TRIO AT MOST PLAYING POPULAR SONGS. WE RESPECT THE NEIGHBORS ACROSS THE HIGHWAY AND WILL NOT ALLOW LOUD HARD ROCK AS WE DON'T ENVISION OUR PATRONS WANTING THAT. WE ALSO NOT ALLOW ANY MUSIC AFTER 8:00 PM

Sheet	A-1.0
Drawn by	
Checked by	
Date	
Scale	

Sheet	SITE PLAN
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Project
The Lodge at Galena Remodel
17025 Mt. Rose Hwy
Reno, Nevada 89511

architects + llc
17025 Mt. Rose Hwy
Reno, NV 89511
Tel: 775-221-8252
Fax: 775-221-8252



Account Detail

[Back to Account Detail](#)
[Change of Address](#)
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CollectionCart

Collection Cart	Items	Total	Checkout	View
	0	\$0.00		

Pay Online

No payment due for this account.

Washoe County Parcel Information

Parcel ID	Status	Last Update
04716113	Active	3/14/2019 2:07:12 AM

Current Owner:

BURKHART MANAGEMENT GROUP LLC

6593 CHAMPETRE CT
RENO, NV 89511

SITUS:

17025 MOUNT ROSE HWY

Taxing District

4000

Geo CD:

Legal Description

Township 17 SubdivisionName _UNSPECIFIED Range 19 Section 3

Tax Bill (Click on desired tax year for due dates and further details)

Tax Year	Net Tax	Total Paid	Penalty/Fees	Interest	Balance Due
2018	\$5,536.42	\$5,536.42	\$0.00	\$0.00	\$0.00
2017	\$5,628.93	\$5,628.93	\$0.00	\$0.00	\$0.00
2016	\$5,910.62	\$5,910.64	\$0.00	\$0.00	\$0.00
2015	\$5,909.81	\$5,909.81	\$0.00	\$0.00	\$0.00
2014	\$5,726.56	\$5,726.56	\$0.00	\$0.00	\$0.00
Total					\$0.00

Disclaimer

- ALERTS:** If your real property taxes are delinquent, the search results displayed may not reflect the correct amount owing. Please contact our office for the current amount due.
- For your convenience online payment is available on this site. E-check payments are accepted without a fee. However, a service fee does apply for online credit card payments. See Payment Information for details.

Pay By Check

Please make checks payable to:
WASHOE COUNTY TREASURER

Mailing Address:

P.O. Box 30039
Reno, NV 89520-3039

Overnight Address:

1001 E. Ninth St., Ste D140
Reno, NV 89512-2845

[Payment Information](#)

[Special Assessment District](#)

[Installment Date Information](#)

[Assessment Information](#)